UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20SPC Mail Processing Section

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PROCES  MAR 2 6  THOMSON	IKEOIE	IFORM LIMIT					
Name of Offering (□	check if this is an ar	nendment and name l	has changed, and in	dicate change.	)		
Sale of Preferred S			<b>3</b>	J	,		
Filing Under (Check box	(cs) that apply):	☐ Rule 504	☐ Rule 505	☐ Rule 5	06 □ S	ection 4(6)	■ ULOE
Type of Filing: □ No	ew Filing 🗷 🗷	mendment					
		A. BASIC I	DENTIFICATION	ON DATA		191916	
1. Enter the information	requested about the	issuer					
Name of Issuer (□ cl	neck if this is an am	endment and name ha	as changed, and ind	licate change.)			AND THE LEAD HAVE AND THE AND THE
Virtual Instruments	Corporation					(124	09035756
Address of Executive Of	fices	(Number ar	nd Street, City, Stat	e, Zip Code)	Telephone No	ımber (ıncıud	ing Area Code)
100 Enterprise Way	, Suite C-3, Sc	otts Valley, CA 9	5066		(831) 439-4	4000	
Address of Principal Bus	iness Operations	(Number ar	nd Street, City, Stat	e, Zip Code)	Telephone No	ımber (Includ	ing Area Code)
(if different from Execut	ve Offices)						
Brief Description of Bus	ness						
Development of sto	rage area netw	ork performanc	e monitoring s	oftware			
Type of Business Organi	zation						
corporation	limited partr	ership, already form	ed 🗆 other	(please specify	): limited li	ability compar	ny
☐ business trust	☐ limited partr	nership, to be formed	<del> </del>				
Actual or Estimated Date	of Incorporation or	Organization:	Month Year 0 6 0 8		al 🗆 Estim	ated	
Jurisdiction of Incorporat	ion or Organization	•	I.S. Postal Service a N for other foreign		r State:	FN	

## GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

11 11 11		IFICATION DATA		
<ul> <li>2. Enter the information requested for the f</li> <li>Each promoter of the issuer, if the iss</li> <li>Each beneficial owner having the porthe issuer;</li> <li>Each executive officer and director of</li> </ul>	uer has been organized within wer to vote or dispose, or direct forporate issuers and of corporate issuers and of corpora	ect the vote or disposition o		
• Each general and managing partner o  Check Box(es) that Apply: □ Promoter	Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Urdahl, Mark R.			•	
Business or Residence Address (Number and	Street, City, State, Zip Code	e)		
695 Windsong Trail, Austin, Texas	78746			
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			• • •	· -
Davidson, James A.				
Business or Residence Address (Number and	Street, City, State, Zip Code	<del>)</del>	-	
2775 Sand Hill Road, Suite 100, Me	enlo Park, California 94	4025		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Mankoff, Steven M.	_			
Business or Residence Address (Number and	Street, City, State, Zip Code	2)		
1840 Brookvale, Hillsborough, Cal	ifornia 94010			
Check Box(es) that Apply: ☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Finisar Corporation	·	<u> </u>		<u></u> .
Business or Residence Address (Number and	• •	•		
1308 Moffet Park Drive, Sunnyvale	<u> </u>	3		
Check Box(es) that Apply: ☐ Promoter	■ Beneficial Owner  ———————————————————————————————————	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
NBT Capital, LLC	_			
Business or Residence Address (Number and	• • • • • • • • • • • • • • • • • • • •	•		
2775 Sand Hill Road, Suite 100, Me	enlo Park, California 94	4025		
Check Box(es) that Apply: ☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Riverwood Capital LLC				
Business or Residence Address (Number and	***	·		
245 Lytton Avenue, Suite 250, Palo	Alto, California 94301	<u> </u>		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Morrison, Dennis				
Business or Residence Address (Number and	Street, City, State, Zip Code	·)		· <del></del>
142 Oxford Way, Santa Cruz, Calife	ornia 95060			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	A. BASIC IDENTI	FICATION DATA		
<ul> <li>2. Enter the information requested for the feech promoter of the issuer, if the issuer, if the issuer, if the issuer;</li> <li>Each beneficial owner having the powthe issuer;</li> <li>Each executive officer and director of</li> </ul>	ollowing: uer has been organized within wer to vote or dispose, or dire	the past five years; at the vote or disposition o		
Each general and managing partner of	· · · · · · · · · · · · · · · · · · ·			
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or  Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	Street, City, State, Zip Code	)		<del></del>
Check Box(es) that Apply:	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	Street, City, State, Zip Code	)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				-
Business or Residence Address (Number and	Street, City, State, Zip Code	)		
Check Box(es) that Apply:   Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	Street, City, State, Zip Code	)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	Street, City, State, Zip Code	)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or  Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	Street, City, State, Zip Code	)		
Check Box(es) that Apply:   Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	Street, City, State, Zip Code	)		
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2.	١	Vh	at is	the	min	im	ım inı	vestn	nent	t that	wil	l be ac	cepte	d from	any	indivi	idual?	·				•••••				\$_		N/A
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1,	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\Pi\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Time of Society.	Aggre		Am	ount Already
	Type of Security	Offering \$	g Price O	\$	Sold 0
	Debt		0,000	· —	7,260,000
	Equity	Φ		Φ	7,200,000
	☐ Common	\$	0	\$	0
	Convertible Securities (including Notes and Warrants)*	Ψ	0		0
	Partnership Interests	Ψ	<u>-</u>	<b>\$</b>	
	Other (Specify)	Ψ	0	\$_	0
	Total	\$ 7,26	0,000	<b>\$</b>	7,260,000
2.	Answer also in Appendix, Column 3, if filing under ULOE.  Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504,			ı	Aggregate
	indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors	Number I		Do of	llar Amount Purchases 7,260,000
	Non-accredited Investors.		)		0
	Total (for filings under Rule 504 only)				
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.	Туре	of	Do	llar Amount
	Type of offering	Secu		50	Sold
	Rule 505	N/A	\	\$	N/A
	Regulation A	N/A	<u> </u>	\$	N/A
	Rule 504	N/A	<u> </u>	\$	N/A
	Total	N/A	<u> </u>	\$	N/A
4.					
	Transfer Agent's Fees		🗆	\$	0
	Printing and Engraving Costs		🗆	\$	0
	Legal Fees		🗷	\$	75,000
	Accounting Fees.		🗆	\$	0
	Engineering Fees		🗆	\$	0
	Sales Commissions (specify finders' fees separately)		🗆	\$	0
	Other Expenses (identify)			\$	0
	Total		 🔀	\$	75,000

. C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	D. OFFERING PRICE, NUMB	ER OF INVESTORS EXPENS	ES AND	115	SE OF PROC	EED	S	
•	b. Enter the difference between the aggregate Question 1 and total expenses furnished in respons the "adjusted gross proceeds to the issuer."	offering price given in response to se to Part C - Question 4.a. This diffe	Part C -		<u> </u>		\$_	7,185,000
5.	Indicate below the amount of the adjusted gross profor each of the purposes shown. If the amount for and check the box to the left of the estimate. The adjusted gross proceeds to the issuer set forth in respectively.	any purpose is not known, furnish an ne total of the payments listed must	estimate					
			_		Payments to Officers, Directors, & Affiliates	_		Payments To Others 0
	Salaries and fees		🗆	<b>\$</b> -		_ 🗆	<b>\$</b> -	0
	Purchase of real estate		🗆	<b>\$</b> —			<b>\$</b> -	
	Purchase, rental or leasing and installation of n	nachinery and equipment	🗆	<b>\$</b> -	0	_ 🗆	\$-	0
	Construction or leasing of plant buildings and	facilities	🗆	\$-	0	🗆	<b>\$</b>	0
	Acquisition of other businesses (including the offering that may be used in exchange for the a pursuant to a merger)	assets or securities of another issuer	🗖	¢	0	_ п	¢	0
				φ_	0	_	ъ <u> </u>	0
	Repayment of indebtedness			<b>&gt;</b> -	0		<b>)</b> -	7,185,000
	Working capital	•••••••••••••••••••••••••••••••••••••••		\$-	0	_ 🗷	\$-	0
	Other (specify):	<del>.</del>	□	<b>\$</b> —	<u> </u>	_ 🗆	<b>\$</b> -	
			<u> </u>	<b>\$</b> -	0	_ 0	<b>\$</b> -	0
	Column Totals			<b>\$</b> _	0	_ E	\$_	7,185,000
	Total Payments Listed (column totals added)			•	<b>×</b> \$—	7,18	5,0	00
							,	
		D. FEDERAL SIGNATURE	<del></del> -					
sign	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to fur rmation furnished by the issuer to any non-accredited.	nish to the U.S. Securities and Excha	nge Com	mis	sion, upon wri			
ssu	er (Print or Type)	Signature				Date		NA.
Vi	rtual Instruments Corporation	1 Welle	<b>=</b>			Marc	h j	2,2009
Nan	ne of Signer (Print or Type)	Title of Signer (Print or Type)			******	l		
D.	nnis Morrison	Chief Financial Officer						

END

ATTENTION \_\_\_

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)